

PREGNANCY CONFIRMATION

- 2.01 At the time you became pregnant with this pregnancy that has just ended, how did you know you were pregnant? [Mark X all mentioned]
- | | |
|----------------------|--|
| pregnancy test | How did she know about test? where get test? Cost? Anyone else involved in getting / doing test? Difficult to get? |
| period late | How long until she noticed? Tell anyone else about late period? Try to keep delayed period a secret? |
| someone else noticed | Who was this person? What did they notice? What did they say to her? |
| body changes | What sort of body changes (eg: vomiting, breast tenderness)? Did she try to keep changes secret from others? |
| anything else? | What? |

RELATIONSHIP

2.02 Was this the first time you had had sex? YES NO

2.03 In your own words, could you tell me about the relationship that led to this pregnancy.
 [Probe: was it a steady boyfriend? A husband? An extra-marital partner? A casual boyfriend? A sugar daddy? A stranger? A blessing?]

EMERGENCY CONTRACEPTION

2.04 Have you ever heard of Emergency Contraception? It's also called Morning After Pill or Emergency Pill YES GO TO 2.05 NO GO TO 2.09
 [As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.]

2.05 For the pregnancy that has just ended, did you use Emergency Contraception? YES GO TO 2.06 NO GO TO 2.08

2.06 What did you use as Emergency Contraception?

2.07 Why do you think it did not work?
 [Probe: Don't know? Took it too late? Was sick?] GO TO 2.09

2.08 Why did you not use Emergency Contraception?
 [Probe: did not know where to get it? Was refused? Could not afford?]

CONTRACEPTION

2.09 At the time you became pregnant with this most recent pregnancy, were you or your partner/husband using anything to delay or avoid pregnancy?
 YES GO TO 2.10 NO GO TO 2.11 Don't know GO TO 2.11

2.10 If YES using family planning at the time of this pregnancy that just ended, what family planning method(s) were you using? (X all methods mentioned)

	For each method mentioned			
	Using (X)	Why chose method?	Where did you get this method?	Why do you think got pregnant?
female sterilisation				
pill (sometimes referred to as family planning)				
Injection / Depo Provera				
male condom				
diaphragm				
male sterilisation				
IUD/Loop				
implants				
female condom				
foam/jelly (spermicides)				
emergency contraception				
lactational amenorrhea (breastfeeding)				
counting days / fertility awareness				
withdrawal				
other (specify)				

2.11 If NOT using family planning at the time of this pregnancy that just ended:
 Have you ever used anything to delay or avoid getting pregnant? YES GO TO 2.12 NO GO TO 2.13

2.12 If you have EVER used something to avoid or delay getting pregnant, but not for this pregnancy that has just ended, what methods have you used? (X all methods mentioned)

	Ever used (X)	For each method mentioned Why chose method?	Where did you get this method?	Why not using at time of most recent pregnancy?
pill (sometimes referred to as family planning)				
Injection / Depo Provera				
male condom				
diaphragm				
IUD/Loop				
implants				
female condom				
foam/jelly (spermicides)				
emergency contraception				
lactational amenorrhea (breastfeeding)				
counting days / fertility awareness				
withdrawal				
other (specify)				

2.13 If NEVER used anything to delay or avoid getting pregnant, why? Were you not worried about getting pregnant? [Mark all mentioned]

did not think I could get pregnant	<input type="checkbox"/>	Probe: why did she think she could not get pregnant?
did not know there was anything I could do to avoid getting pregnant	<input type="checkbox"/>	Probe: has she ever heard anything about family planning? From who or what?
my partner refused to use	<input type="checkbox"/>	Probe: why did her partner refuse?
unable to access family planning services and supplies	<input type="checkbox"/>	Probe: did she try to use family planning services? What happened? Does she know where to get family planning supplies?
had not planned on having sex	<input type="checkbox"/>	Probe with care in case of forced sex / rape. If had not planned on having sex, what had happened?
fears / worries (eg: infertility, cancer)	<input type="checkbox"/>	Probe: what specific fears did she have? Were these fears for certain methods? Side effects?
other reasons	<input type="checkbox"/>	Probe: for details

ABORTION DECISION-MAKING

2.14 Why did you decide to end the most recent pregnancy? [Do not read out options. Indicate all that are mentioned.]

[For any reason mentioned, probe: Why? Was anyone else involved in the decision? How did she feel about this? Were you able to talk to anyone about this? Was it difficult to tell someone?]

husband did not want at the time	<input type="checkbox"/>	pregnancy was without a husband or partner	<input type="checkbox"/>
partner did not want at the time	<input type="checkbox"/>	fear of having to tell anyone about the pregnancy	<input type="checkbox"/>
have enough children already	<input type="checkbox"/>	not the right time to have a baby	<input type="checkbox"/>
cost of raising children is too high	<input type="checkbox"/>	influenced by someone else (eg: parent, friend, relative)	<input type="checkbox"/>
too soon after last pregnancy	<input type="checkbox"/>	forced or coerced sex / rape/incest	<input type="checkbox"/>
would have to drop out of school due to pregnancy	<input type="checkbox"/>	my own health concerns	<input type="checkbox"/>
would have to leave job	<input type="checkbox"/>	HIV positive / think I might be HIV+	<input type="checkbox"/>
too young	<input type="checkbox"/>	don't know	<input type="checkbox"/>
not married	<input type="checkbox"/>	other (specify)	<input type="checkbox"/>

2.15 After deciding to terminate your pregnancy, did you do something immediately or did you delay for some time?

Immediate: go to Section 3 Delayed

2.16 For how long did you delay?

days

2.17 Why did you delay?

[Do not read out options. Indicate all that are mentioned]

<input type="checkbox"/>	Did not have transportation
<input type="checkbox"/>	Did not know what to do
<input type="checkbox"/>	Tried to go to another facility, but was turned away
<input type="checkbox"/>	I was afraid
<input type="checkbox"/>	Partner refused
<input type="checkbox"/>	Did not know where to go
<input type="checkbox"/>	Did not know / realise I was pregnant
<input type="checkbox"/>	Other (specify)